

| POSITION                         | INITIALS  | ID NO.      | DATE            |
|----------------------------------|-----------|-------------|-----------------|
| <b>FEES DETERMINATION</b>        | <i>HC</i> |             | <i>07-16-01</i> |
| <b>O.I.P.E. CLASSIFIER</b>       |           |             | <i>11/1/01</i>  |
| <b>FORMALITY REVIEW</b>          | <i>BH</i> | <i>5641</i> | <i>11-9-01</i>  |
| <b>RESPONSE FORMALITY REVIEW</b> |           |             |                 |
|                                  |           |             |                 |

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## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date           |
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| Final | <i>2/28/01</i> |
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| Claim | Date      |
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| Claim | Date       |
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If more than 150 claims or 10 actions  
staple additional sheet here

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